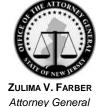


Division of Consumer Affairs New Jersey Board of Nursing 124 Halsey Street, 6th Floor, Newark, NJ 07102 www.state.nj.us/lps/ca/home.htm



STEPHEN B. NOLAN
Acting Director

Mailing Address: P.O. Box 45010 Newark, NJ 07101 (973) 504-6430

STATE OF NEW JERSEY BOARD OF NURSING

Instructions for Reinstatement of a Lapsed License

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration, certification and complies with the provisions of N.J.S.A. 45:1-7.2 (a), (b), (c) and (d). The necessary licensure reinstatement application and materials may be downloaded from the Board of Nursing's website and include the following:

1. Reinstatement Application:

Complete and return to:

State of New Jersey Board of Nursing P.O. Box 45010 Newark, NJ 07101

2. Application Packet:

a. Application Fees:

- (1) Payment of all past delinquent license renewal fees (\$65.00 for each biennial period of license expiration, 1999-2005),
- (2) Payment of the current biennial license renewal fee (effective March, 2006 \$120.00).
- (3) Payment of the lapsed license fee of \$100.00 for each licensure reinstatement application.

b. Affidavit of Employment:

- (1) Complete an <u>Affidavit of Employment</u> listing each job held during the lapsed licensure or certification period. This <u>Affidavit of Employment</u> must include the names, addresses and telephone numbers of each employer; and
- (2) Submit a notarized statement indicating if you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license or certificate was lapsed. If you were practicing your profession or occupation during this lapsed license period, you must include a description of the type of work or projects that you were involved with; and

c. Proof of Competency:

- (1) If the license has been lapsed for more than five (5) years, provide a notarized copy of a certificate denoting that a Nurse Refresher Course with clinical practice was completed.
- (2) If applicable, satisfactory proof that the applicant has maintained proficiency by completing the continuing education hours or credits required for the renewal of an active license or certificate of registration or certification.

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N.J.A.C. 13:37-5.5 Fee Schedule

Licensure Reinstatement Fee

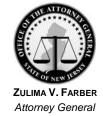
Year License Lapsed	Total Fee Due
*1999	\$360.00
2000	\$415.00
2001	\$295.00
2002	\$350.00
2003	\$230.00
2004	\$285.00
2005	\$165.00
2006	\$220.00

^{*} This includes those who expired in 1999 and prior to 1999

The fees are calculated based on the fee for each biennial cycle that has occurred since the license has lapsed plus a reinstatement fee of \$100.00



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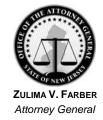
Reinstatement of Lapsed License Application

Name	o:	
Addre	ess:	
	City,	State Zip
Telep	hone Number	E-mail address
Socia	I Security No	Date of Birth
Туре	of License/Certification:	
	RN	NJ License No.:
	LPN	
Initial	License/Certification Date	Year of Last Renewal
	Answers to the Following Question ast renewed your license/certificate	ns should cover the entire period of time since in New Jersey:
1.		tificate been suspended, revoked or voluntarily yes" indicate the circumstances surrounding the r.
	□ Yes □ No	
2.		pending against your license or certificate issued by cate the circumstances surrounding the
	□ Yes □ No	

3.	Have you been convicted of any criminal offense? (Minor traffic offenses such as a parking or speeding violation need not be listed, however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed. If "yes" provide a copy of the complaint or indictment, and criminal disposition.
	□ Yes □ No
4.	Are there any pending criminal charges against you? (Minor traffic offenses such as a parking or speeding violation need not be listed, however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed. If "yes" provide a copy of the complaint or indictment)
	□ Yes □ No
5.	Have you been named as a defendant in any litigation related to the practice of nursing or other professional practice in any jurisdiction? If "yes" indicate the circumstances surrounding the termination or resignation.
	□ Yes □ No
6.	Have you been terminated or asked to resign from employment in any jurisdiction? If "yes" indicate the circumstances surrounding the termination or resignation.
	□ Yes □ No



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STEPHEN B. NOLAN
Acting Director

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EMPLOYMENT CERTIFICATION FOR: REINSTATEMENT OF LAPSED LICENSE

DIRECTIONS: Please complete this certification: have it notarized and return to the New Jersey Board of Nursing. If you have had more than two employers, please add additional sheets of paper with the employment data. The Board may contact your employer(s) to verify your employment.

First name	Middle Name	Last Name		Maiden Name
Present Street Address	City	State		Zip Code
☐ RN License No				
☐ LPN License No				
☐ APN Certificate No				
EMPLOYMENT DATA: (1. Name of employing agency				
Street Address		City	State	Zip Code
Job Title		Employment Dates:	From	То
Supervisor's Name		Title	Т	elephone No.
Are you currently working a or expired?	as a nurse, or dic	l you work as a nurse	while your	license was lapsed
□ Yes □ No				
Provide explanation:				

Were you terminated or asked to re	esign?		
□ Yes □ No			
Provide explanation:			
2. Name of employing agency or facility	W		
rtaine of employing agoney of facility	,		
Street Address	City	State	Zip Code
Job Title	Employment Dates:	From	То
Supervisor's Name	Title	Telephone	No.
Provide explanation: Were you terminated or asked to re			
-	saigir!		
□ Yes □ No			
Provide explanation:			
The person whose signature below phe/she is the person referred to in attests that he/she has read and ur herein is provided completely and to	the foregoing Employment nderstands this certification a	Certification nd that all in	. The nurse further formation contained
	Signature		
Sworn & Subscribed before me this Date of			
Signature of Notary Public			
-			



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Attorney General

Stephen B. Nolan Acting Director

Mailing Address: P.O. Box 45010 Newark, NJ 07101 (973) 504-6430

February 2006

Dear Applicant:

In November 2003 legislation was passed that requires the Division of Consumer Affairs to conduct criminal history record background checks on all health care professionals prior to the issuance of an initial license or other authorization to practice a health care profession (N.J.S.A. 45:1-28 et seq.). The records of the Division show that you are a current applicant for licensure or certification as a health care professional, and as such, the Division must arrange to conduct a criminal history check of your background.

In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization Form and return it to the mailing address above.

(In-State Applicants)

Upon receipt of the completed Certification and Authorization form, the Board will *forward* your information about how to schedule an appointment with Sagem Morpho, Inc. to have your fingerprints electronically recorded. *A \$78.00 fingerprinting fee must be paid to Sagem Morpho, Inc.*, at the time of *fingerprinting*. The \$78.00 payment should be in the form of a check or money order made payable to Sagem Morpho, Inc.

(Out-of-State Applicants)

Upon receipt of the completed Certification and Authorization form, the Board will *forward* you one state and one federal fingerprint card. Out-of-state applicants must have their fingerprints recorded, on the cards provided, by their local police department, by their state police department or by their local law enforcement agency. You must return the fingerprint cards to the Board or Committee with the required fee. Applicants submitting fingerprint cards will be required to pay a \$78.00 fee to have their fingerprints scanned into the electronic system by Sagem Morpho, Inc. *The \$78.00 should be in the form of a check or money order made payable to Sagem Morpho, Inc.*

If you fail to complete and return the Certification and Authorization Form, your application for licensure or certification will not be processed and your application will be considered abandoned.

The New Jersey Board of Nursing

George Mebert, MA, RN

Executive Director

Official Use Only Dual License
License Type 1
Applicant's Number
License Type 2
Applicant's Number

OF THE STATE OF

Division of Consumer Affairs New Jersey Board of Nursing P.O. Box 45010 Newark, New Jersey 07101 (973) 504-6430

Official Use Only
Resubmit
Board or Committee

CERTIFICATION AND AUTHORIZATION FORM FOR A CRIMINAL HISTORY BACKGROUND CHECK

1	☐ Mr. Name ☐ Mrs					(
1.	Name ☐ Mrs ☐ Ms.	Last	First	Middle		Maiden Name
2.	Address	Street or P.O. E	Box	City	State	ZIP code
3.	Date of birth	//	Sex: Male	Female		
4.	Social Security n	umber	//	_		
	Affairs since No If "No," you will Please send no po	vember 2003? receive a separate ayment now.	mailing from the Bo		☐ Yes ☐ egarding the crin	w Jersey Division of Consum ☐ No ninal history background proce ow:
	Affairs since No If "No," you will Please send no p If "Yes," please p	vember 2003? receive a separate ayment now.	mailing from the Bo	oard or Committee r	☐ Yes ☐ egarding the crin	☐ No ninal history background proce
	Affairs since No If "No," you will Please send no put "Yes," please put Board If you were fing certification by a to be fingerprint apply for licensu	vember 2003? receive a separate ayment now. provide the following or committee requiring the fing gerprinted after Normal many other Board or ed a second time. If the or certification.	mailing from the Bong information and reprinting Tovember 2003 as Committee of the However, the Divisi The fee for this back	part of the criminal New Jersey Division must perform a	Yes egarding the crimens outlined below Month and year all history backs on of Consumer criminal history be \$33.00. Payme	No ninal history background proce ow: r you were fingerprinted ground process for licensure Affairs, you will not be requir background check each time y ent should be made in the form

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted

with this form. Failure to follow these instructions may result in the denial of an initial application.

Your continuing responsibility to disclose convictions of crimes or offenses: You must notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

CERTIFICATION

certification or licensure, certify that I am the applicant a application is true to the best of my knowledge and belief. I	in making this application to the Board or Committee for and that all of the information provided in connection with this understand that any omissions, inaccuracies or failure to make ful icensure or to withhold renewal of or suspend or revoke a certificate
the purpose of verifying my qualifications for certification or l	my present and past employment and other activities for icensure. I further authorize all institutions, employers, agencies and e, federal or foreign) to release any information, files or records
I certify that the foregoing statements made by me are true. Willfully false, I am subject to punishment.	I am aware that if any of the foregoing statements made by me are
Signature of applicant	Date

The New Jersey Board of Nursing Licensure Reinstatement

Request for Nurse Refresher Course: Clinical Practice Letter

Purpose:

This request form is for a New Jersey nurse who is reinstating a lapsed nursing license to obtain permission to complete the clinical component of a Nurse Refresher Course for licensure re instatement.

Directions: Please complete this Request Form and return it to:

George J.. Hebert, M.A., R.N.
Executive Director
New Jersey Board of Nursing
P.O. Box 45010
Newark, N.J. 07101

Name of Applicant:		New Jersey Lic	ense Number:
Date of Initial Licensure:		Date of licensure Expira	ation:
Name of Nurse Refresher Course Institu	tion:		
City:	State:_		Zip Code:
Course Dates:		Clinical Practice Dates:	
Name of Agency for Clinical Practice:			
City:	_ State:_		Zip Code:
Signature of Licensee:		Date:	
Signature of Nurse Refresher Course Ins	structor:		Date: